

Dental Plan Comparison

SCHEDULE OF BENEFITS	Delta Standard Plan Pays	Delta Enriched Plan Pays
CHOICE OF DENTIST	Choose any dentist you wish for services and receive applicable benefits. Save the most with a Delta Dental PPO network participating dentist. Percentages below are based on Delta's applicable allowances and not the dentist's actual charge. Payments to non-Delta Dental dentists are based on the PPO fee schedule.	
MAXIMUM BENEFIT / DEDUCTIBLE	\$1,000 per year per person \$50 deductible per year per person; \$150 family maximum	\$1,500 per year per person \$50 deductible per year per person; \$150 family maximum
TYPE I 0150 Comprehensive Oral Evaluation - New or Established 0120 Periodic Oral Exam X-rays 1110/20 Prophylaxis 1203 Fluoride Treatment (children up to the age 19) 1351 Sealant - per tooth 1510 Space Maintainers	100% 100% 100% 100% (Twice per calendar year) 100%, 2x per year 100% to age 16 100% to age 19	100% 100% 100% 100% (Twice per calendar year) 100%, 2x per year 100% to age 16 100% to age 19
TYPE II Fillings: 2330 - One Surface 2331 - Two Surfaces 2332 - Three Surfaces 2335 - Four Surfaces 2390 - Resin Crown, Anterior 2394 - Resin, Four Or More Surfaces Root Canals: 3310 - Anterior 3320 - Bicuspid 3330 - Molar 3410 - Apicoectomy Extractions: 7111 - Single Tooth 7140 - Extraction, erupted tooth or exposed tooth 7210 - Surgical Extraction of erupted tooth Periodontics: (gum treatment) 4341 - Periodontal Scaling & Root Planning - per quadrant 4210 - Gingivectomy / Gingivoplasty - per quadrant 4910 - Periodontal Maintenance Procedures	100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% Non PDP (1 per tooth / 24 mo.) 100% PDP/ 75% Non PDP (1 per tooth / 24 mo.) 75% 75% 75% 75% 75% 75% 75% 75% 75% 75% 75%	100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% Non PDP (1 per tooth / 24 mo.) 100% PDP/ 75% Non PDP (1 per tooth / 24 mo.) 75% 75% 75% 75% 75% 75% 75% 75% 75% 75% 75% 75%
TYPE III Crown & Bridge 2930 - Prefabricated Stainless Steel Primary Tooth 2791 - Crown Full Cast Predominately Base Metal 2750 - Crown Porcelain Fused to High Noble Metal 2751 - Crown Porcelain Fused to Base Metal Pontics: 6210 - Full Cast 6240 - Porcelain Fused to Metal 6750 - Crown Porcelain Fused to High Noble Metal Prostodontics: 5110 - Complete Upper 5120 - Complete Lower 5213/14 - Partial Upper/ or Lower - Cast Metal Base	50% 50% 50% (1 per tooth within a 5 year period) 50% 50% 50% 50% (1 per tooth within a 5 year period - age 16+) 50% 50% 50%	50% 50% 50% (1 per tooth within a 5 year period) 50% 50% 50% 50% (1 per tooth within a 5 year period - age 16+) 50% 50% 50%
ORTHODONTIA Consultation Evaluation Records Children - Normal Class II Adult - Normal Class II 8750 - Retention	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered	Adults & Children covered at 50% after one-time deductible of \$50 per person. \$1,000 Lifetime Maximum.
VISION Examination Single Vision Lenses Bifocal Lenses Trifocal Lenses Contact Lenses - Elective and Non-Elective Frames	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered

*All Type II and III charges subject to annual deductible.

*The above reimbursements are exclusive of gold.